



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Commissioner

Important Notice for NH Medicaid Vision Providers

Mailed December 22, 2015

Revised for posting on February 3, 2016

The Premium Assistance Program and Vision Wrap Benefits to be paid by Fee-for-Service Medicaid

Under the New Hampshire Health Protection Program's Premium Assistance Program (PAP), members will be enrolled in one of five qualified health plans (QHP), for health care coverage beginning January 1, 2016. The following three QHPs do not offer a vision benefit: Community Health Options, Anthem Blue Cross and Blue Shield, and Ambetter. Members of these three QHPs will be allowed to get routine eye exams and refractions from enrolled NH Medicaid providers, who will bill the state's fee-for-service Medicaid program through MMIS. Please see the back of this notice for a listing of E and M codes covered under the vision wrap benefit.

Eligibility in MMIS

Before providing services, please check a recipient's eligibility and enrollment in the MMIS system as follows:

1. Go to The *Eligibility Status* screen, which will list **NH Health Protection Program**.
2. Go to The *Benefit Plan* screen, which will list one of the following under *Plan Description* if the member is eligible for all vision wrap services: Ambetter, Community Health Options, or Anthem Blue Cross and Blue Shield.

Benefit Plan ID	Benefit Plan Description	Carrier Name (will say MCO on screen)
AMBBC1	Ambetter Balanced Care 100	Ambetter from New Hampshire Healthy Families
AMBBC2	Ambetter Balanced Care 94	Ambetter from New Hampshire Healthy Families
CHOCA1	Community Assist 100	Community Health Options
CHOCA2	Community Assist 94	Community Health Options
ATHSL1	Anthem Silver Pathway 100	Anthem Blue Cross and Blue Shield
ATHSL2	Anthem Silver Pathway 94	Anthem Blue Cross and Blue Shield

Harvard Pilgrim Health Care of NE and Minuteman Health cover routine eye exams so providers must bill these QHPs for all charges associated with routine eye exams.

Eyeglasses are a vision wrap benefit for all five QHPs. Eyewear are covered by the state's fee-for-service Medicaid program. Providers must continue to use *Classic Optical* to order glasses for members of all five qualified health plans.

E&M Codes Covered Under the Vision Wrap Benefit:

The following E and M codes are covered under the vision wrap benefit for provider types:
035-Optometrist, 075-Optician, 203-Optometrist Group, and 204-Optician Group.

92002	Oph Medical Xm & Eval Intrm New Pt
92004	Oph Medical Xm & Eval Compre New Pt 1+ Vst
92012	Oph Medical Xm & Eval Intrm Est Pt
92014	Oph Medical Xm & Eval Compre Est Pt 1+ Vst
92015	Refraction with Routine Eye Examination
92340	Fitting of Spectacles, except for Aphakia, monofocal
92341	Fitting of Spectacles, except for Aphakia, bifocal